## COMBINED DECLARATION/POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled VALVE TO MYOCARDIUM TENSION MEMBERS DEVICE AND METHOD

the	specification	of whi	ich (check	one)	XX is	attached	hereto	
				***		filed on		
						U.S. Appl		
							<u> </u>	
				_		was amend olicable)		

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56 (see page 4 attached hereto).

I hereby claim foreign priority benefit(s) under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application(s) for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

(Number)	(Country)	(Day/Month/Year Filed)	YES	$\overline{\mathtt{NO}}$
(Number)	(Country)	(Day/Month/Year Filed)	YES	NO
(Number)	(Country)	(Day/Month/Year Filed)	YES	NO

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which

occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.) (Filing Date) (Status) (patented, pending, abandoned)

(Application Serial No.) (Filing Date) (Status) (patented, pending, abandoned)

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon, I further declare that I understand the content of this declaration.

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of	)
Todd J. MORTIER et al.	)
Serial No. 08/992,316	) Group Art Unit: 3738
Filed: December 17, 1997	) Examiner: D. Willse
For: VALVE TO MYOCARDIUM TENSION MEMBERS DEVICE AND METHOD	) ) )
Assistant Commissioner for Patents Washington, D.C. 20231	
Sir:	

## REVOCATION OF ORIGINAL POWER OF ATTORNEY

The undersigned, a representative authorized to sign on behalf of the assignee owning all of the interest in this patent application, hereby revokes all powers of attorney or authorization of agent granted in this application before the date of execution hereof. The undersigned verifies that **Myocor**, **Inc.** is the assignee of the entire right, title, and interest in the patent application identified above by virtue of an assignment from the inventors recorded in the U.S. Patent and Trademark Office in this application Serial No. 08/992,316, at **Reel 9006**, **Frame 0660**. The undersigned certifies that the evidentiary documents have been reviewed and to the best of the undersigned's knowledge and belief, title is in the assignee Myocor, Inc.

## POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Assignee, through its representative below hereby appoints the following attorney(s) and/or agent(s) as attorney, with full power of substitution and revocation, to transact all business including the payment of maintenance fees in connection with this patent:

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Date: December <u>/4</u>, 1998

Cyfil J. Schweich, Jr., M.D.

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